



**JOB ANALYSIS QUESTIONNAIRE
For City of Milwaukee Classification Studies**

Background and Purpose

The purpose of this Questionnaire is to gather comprehensive information about jobs directly from individuals performing the work so that the Department of Employee Relations can consider all relevant information and make a fair and informed decision as to whether a change in classification is appropriate.

Thank you for taking the time to complete this Questionnaire. While the Questionnaire is somewhat lengthy, some sections may not apply to your job. Please keep in mind that the process of evaluating a job is quite complex and requires the analysis of a number of job-related factors. The items in this Questionnaire are designed to elicit the information needed for this analysis. Therefore, it is to your advantage to complete the Questionnaire as thoroughly and accurately as possible.

It is also important to note that the classification study process focuses entirely on the duties and responsibilities of the job and not on the job performance, amount of training, special talents and abilities, or other characteristics of the incumbent.

Employee Guidelines

- Please write legibly in black ink, or use a typewriter.
- Answer each question as completely and as accurately as possible, yet in a concise manner. If a question is not applicable, please write "does not apply."
- Take the time to read through the entire Questionnaire before proceeding.
- You are permitted to complete the Questionnaire during regular working hours as long as it does not interfere with the performance of your job duties or providing service to your internal and external customers.
- Do not try to complete the entire Questionnaire all at once. Make notes on each section and then go back over your responses during the time you have to complete the information.
- Keep the Questionnaire at or near your work station or desk. As you are performing your job, you will think of additional information. Later, go back and review it and, if necessary, revise what you have written.
- Attach additional pages, if necessary.
- Forward the completed Questionnaire to your immediate supervisor for review, comments and signature.

If you have any questions or do not understand any part of the Questionnaire or need any assistance, contact either your supervisor or Andrea Knickerbocker, Human Resources Manager, extension 3387 (or Faranda Wragg, extension 3143) in the Department of Employee Relations.

When completed and reviewed by your supervisor, it should be sent to the Department of Employee Relations, City Hall, Room 706, attention Faranda Wragg.

1. **Employee Information**

Name: _____ Date: _____.

Official Job Title: _____.

Working Title (if applicable): _____.

Department: _____ Division: _____.

Section: _____ Unit: _____.

Work Location (Bldg): _____ Telephone: _____.

Email Address: _____ Best Time to Contact: _____ a.m./p.m.

Time Employed in Current Classification: Years _____ Months _____.

Immediate Supervisor:

Name: _____.

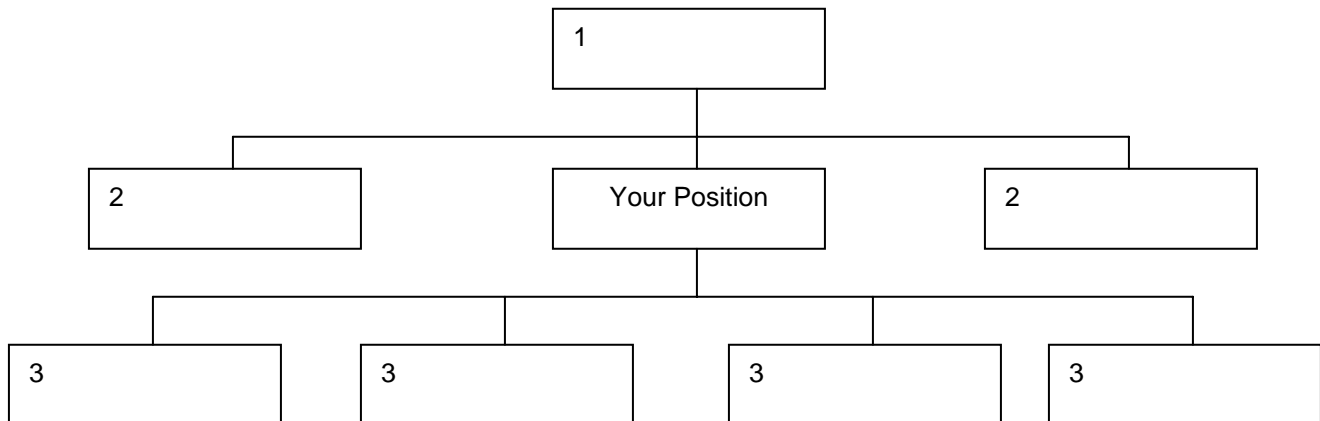
Title: _____.

Telephone Number: _____.

2. **Outline of Organization Chart**

Using the chart outlined below, please fill in the classifications of: (1) your immediate supervisor, (2) employees you work with and who also report to your supervisor, and (3) employees you supervise (attach a printed chart with the same information if you prefer).

Note: In Box 3, list only those positions over which you have direct supervisory authority.



3. **Purpose of Work Unit and Position**

a. What is the nature of services and programs provided by your work unit? _____.

_____.

_____.

_____.

b. Briefly describe what you consider the major purpose or objective of your position.

_____.

_____.

_____.

4. **Job Content: Typical Duties and Responsibilities**

- In completing this section you may use the Job Description as a guide, but please make sure you describe the job as it is actually performed.
- In the spaces below, please identify the 3-5 major responsibility areas that comprise your job. Then below each major responsibility area describe the specific duties and responsibilities that are associated with that area. Also indicate the approximate percentage of time spent in each major responsibility area.
- List the most important responsibility area first, the second most important second, and so forth.
- Begin each duty/responsibility statement with an action verb, such as "plans," "monitors," "supervises," "reviews," and the like.
- Do not list any duty or responsibility that requires less than 5% of the time.

___% (1) Major Responsibility Area _____

Specific duties within this responsibility area:

(a) _____.

(b) _____.

(c) _____.

(d) _____.

(e) _____.

___% (2) Major Responsibility Area _____

Specific duties within this responsibility area:

(a) _____.

(b) _____.

(c) _____.

(d) _____.

(e) _____.

___% (3) Major Responsibility Area_____.

Specific duties within this responsibility area:

(a)_____.

(b)_____.

(c)_____.

(d)_____.

(e)_____.

___% (4) Major Responsibility Area_____.

Specific duties within this responsibility area:

(a)_____.

(b)_____.

(c)_____.

(d)_____.

(e)_____.

___% (5) Major Responsibility Area:_____.

Specific Duties within this responsibility area:

(a)_____.

(b)_____.

(c)_____.

(d)_____.

(e)_____.

5. **Changes in the Position's Responsibilities**

Describe the principal changes which have occurred in the duties and responsibilities of your job since it was last classified or since you were hired into the position. Refer to responsibilities areas outlined above. Important: Describe how each change has impacted the position in terms of skills required, physical or mental effort, responsibility level, and working conditions.

Duty/Responsibility
Number_____

_____.

_____.

_____.

6. **Lead Worker Responsibilities** (Lead workers function in a "lead" capacity for a group of employees working on a project or on a regular assigned basis and typically spend a substantial portion of their time performing the same or similar duties as those they are leading. Lead worker duties may include those listed below in item c.)

- a. Do you ever act as a lead worker for other employees? ____ Yes ____ No
- b. What proportion of your time do you spend on lead worker responsibilities? _____ %
- c. Type of direction provided. Check each of the phrases below which describe the kind of direction this position is required to exercise independently.

- | | |
|--|---|
| ____ Train employees | ____ Set work priorities |
| ____ Assign/lay out work for employees | ____ Balance the work among employees |
| ____ Answer questions | ____ Schedule work |
| ____ Monitor work in progress | ____ Make reports to manager/supervisor |
| ____ Provide direction | ____ Provide general input on employee |
| ____ Review work products/results | performance to manager/supervisor |

7. **Supervision Exercised**

- a. Do you formally supervise other employees? Yes_____ No_____
- b. What is the total number of employees for whom you are responsible, directly and indirectly? _____.
- c. List below the job titles of the people who report directly to you and the number of employees within each title.

Title

No. of Emps.

_____.	_____.
_____.	_____.
_____.	_____.
_____.	_____.

- d. What proportion of your time do you spend in supervisory duties and/or planning or reviewing the work of others?
_%_____

e. Type of Supervision

Check each of the phrases below which describe the kind of supervision this position is required to exercise independently.

General Supervision
Management

- ☐ Plan work, establish priorities
- ☐ Assign work, add or delete duties
- ☐ Instruct & train in methods
& procedures
- ☐ Check/inspect completed work
- ☐ Respond to complaints
- ☐ Respond to grievances (Step 1)
- ☐ Other _____

Employment Decisions

- ☐ Make hiring recommendations
- ☐ Make final decision on hiring
- ☐ Make promotional recommendations
- ☐ Make final decisions on promotions
- ☐ Recommend transfer/reassignment
- ☐ Other _____

Performance

- ☐ Prepare probationary report
- ☐ Prepare performance evaluation
- ☐ Make recommendations regarding
unsatisfactory performance
- ☐ Prepare performance/
job improvement plan
- ☐ Recommend disciplinary action
- ☐ Recommend termination
- ☐ Other _____

8. Supervision Received

- a. To what extent are your work assignments and methods outlined, reviewed, and approved by your supervisor?

_____.

_____.

- b. Do you establish your own work priorities or are they established for you? If established by others, please identify them by job title.

_____.

_____.

- c. List positions, other than your immediate supervisor that provide you with advice, counsel, or functional guidance, and briefly discuss the nature and purpose of that guidance.

_____.

_____.

_____.

9. Decision Authority/Recommendation Areas

- a. List responsibilities or activities for which you have full decision-making authority to implement (approval of others not required).

(1) _____.

(2) _____.

(3) _____.

- b. List responsibilities or activities for which you make recommendations to a supervisor for final decision.

(1) _____.

(2) _____.

(3) _____.

10. **Procedures/Guidelines Available**

- a. What precedents, rules, instructions, or procedures are available to guide or influence most of your job-related duties (i.e., policies, reference manuals, handbooks, legislation, regulations...)?

_____.

- b. To what extent would you have the freedom to change or make recommendations to modify such procedures or guidelines?

_____.

- c. In what ways and how frequently is independent thinking required in originating new or improved operating/administrative strategies, procedures or plans? Please be specific and provide examples of when you have done so.

_____.

11. **Problem Solving**

Identify the most routine and the most complex problems or issues you face while performing the duties of your position.

- a. Routine problems: _____.

_____.

- b. Most complex problems: _____.

_____.

- c. To what extent are you able to identify, develop and implement alternative work methods to deal with unusual circumstances in your work? Please provide examples.

12. **Contacts with Others** Describe the purpose and frequency (daily, weekly, monthly, etc.) of any recurring contacts you have with others both within and outside your immediate work group. Give examples of specific kinds of people contacted (indicate job function or title) and indicate the purpose and frequency of those contacts.

- a. Contacts with other employees within your Department other than the people you supervise.

<u>Work With</u>	<u>Purpose of Contact</u>	<u>Frequency</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- b. Contacts with employees in other City departments, elected officials, Mayor's Office.

<u>Work With</u>	<u>Purpose of Contact</u>	<u>Frequency</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- c. Contacts with persons outside the City, including the media.

<u>Work With</u>	<u>Purpose of Contact</u>	<u>Frequency</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- d. Other than subordinates, to whom do you provide professional advice and/or guidance?

<u>Advice/Guidance to</u>	<u>Purpose of Advice/Guidance</u>	<u>Frequency</u>
---------------------------	-----------------------------------	------------------

_____	_____	_____.
_____	_____	_____.
_____	_____	

- e. Does your job require you to work in unpleasant work situations where it is necessary to deal with upset, hostile, or threatening individuals?

<u>Type of Person</u> (Client, citizen, other)	<u>Reason for Interaction</u>	<u>Frequency</u>
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.

13. **Impact of Position**

Identify any relevant information that may help measure the impact and accountability of your position using the following criteria:

- (1) Responsibility for people (other than subordinates) _____.
- _____.
- (2) Total operating and/or program budget for which you are accountable _____.
- _____.
- (3) Responsibility for equipment or materials _____.
- _____.
- (4) Responsibility for program development or administration _____.
- _____.
- (5) Responsibility for policy development or implementation _____.
- _____.
- (6) Responsibility for management of data or information _____.
- _____.

14. **Consequence of Errors**

- a. What types of problems could occur from errors made in the course of your work? (For example, loss of time or money, inconvenience to others, inaccurate reports, etc.)

- b. How quickly, or how likely, would errors in your work be detected? (For example, are errors typically identified by routine check of your work, or would errors probably not be noticed until they affected other departments or the public?)

15. **Educational Requirements**

Using the categories below, please check the level of formal education or equivalent knowledge and skill that you believe is the minimum required to perform satisfactorily in your job. State what you think is minimally required, not your own educational level. This type of knowledge and skill would typically be attained through educational institutions rather than on-the-job experience.

	<u>Formal Schooling</u>	<u>Equivalent To</u>
___	3-4 years high school	Vocational or business skills, such as typing, shorthand, mechanics, drafting
___	1-2 years university, community college, business school, trade, or technical school	More advanced knowledge of vocational or business field, including full apprenticeships
___	College graduation	Advanced training in a field of study, such as chemistry, business, accounting, engineering, etc.
___	Master's degree	Advanced professional training in a well-defined field of study, such as engineering, business, science, accounting
___	Master's degree, plus considerable additional formal education	Same as above, but more extensive, in-depth study
___	Doctoral degree, law degree (J.D.), medical degree (M.D.)	Extensive, advanced study, including the conduct of significant, original research

16. **Experience Requirements**

In your estimation, what is the minimum amount and type of experience required for a person possessing the minimum educational requirements to perform your job satisfactorily?

- | <u>Type of Experience</u> | <u>Minimum Time Required</u> |
|---------------------------|------------------------------|
| a. _____ | ___ Years ___ Months |
| _____ | ___ Years ___ Months |
| _____ | ___ Years ___ Months |
- b. What special work skills are required to enter your job? _____.
- _____.
- c. What special knowledge of laws, codes, or regulations are required to enter your job? (Not what you know now.)
- _____.
- _____.
- d. Assuming that an individual has the necessary background, how long would it take for a person to be able to perform all assigned tasks competently?
- _____.
- _____.
- e. List any officially recognized certifications, licenses, authorizations to practice a trade or profession, or other required qualifications necessary for persons entering your job classification.
- _____.
- _____.

17. **Working Conditions**

- a. Please indicate the reason(s) and approximate percentage of time devoted to field work.

<u>Reasons</u>	<u>Percentage of Time</u>
_____	_____.
_____	_____.
_____	_____.
_____	_____.

- b. Do you encounter any unpleasant, disagreeable, or potentially hazardous working conditions in the normal course of your work? (Examples: air contamination, high or low temperatures, intense or continuous noise, driving a City vehicle, exposure to hazardous materials or diseases).

Please list those to which you are exposed and the approximate percent of time you are exposed to that

condition:

Condition

Percentage of Time

18. **General Comments**

Please provide any other information not previously discussed that will help us understand the responsibilities of your position.

Describe any other factors or aspects of your job that should be considered in evaluating or comparing your classification with others.

19. **Signature**

To the best of my knowledge, I certify that these answers are my own, accurate, and complete.

Signature: _____

Date: _____

SUPERVISOR REVIEW AND COMMENTS

It is important that you, the supervisor, review this Questionnaire, since you may have a different perspective of the job described. Do not change the incumbent's description of the job in the Questionnaire itself. Please remember that this Questionnaire is intended solely for the purpose of describing the classification in question accurately. The information provided on the previous pages is not to be used for purposes of evaluating this individual's performance nor should your comments be addressed to this subject.

It is particularly important that you review the percentages assigned to the typical duties and responsibilities under item number 4. If this section is not complete, please fill in the blanks when you review the Questionnaire with the incumbent. If you disagree with any information provided or believe some information has not been included on the Questionnaire, indicate below the question number and your response.

Question
Number

Comments

_____	_____.
_____	_____.
_____	_____.
_____	_____.
_____	_____.
_____	_____.
_____	_____.
_____	_____.
_____	_____.
_____	_____.

Have there been any significant changes in duties and responsibilities that have affected the work of this position since it was last reviewed by the Department of Employee Relations, or since the current incumbent assumed the job?

_____.
_____.
_____.
_____.
_____.

What effects, if any, would the creation, reclassification, or reallocation of this position have upon the structure of the division and work of other positions within the unit.

Please check the appropriate statement.

☐ I agree with the incumbent's Questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

Supervisor's signature: _____.

Title: _____.

Date: _____.

I have noted the modifications made by my supervisor in the Comments Section above.

Employee's signature: _____.

Date: _____.

WHEN COMPLETED, PLEASE RETURN TO THE DEPARTMENT OF EMPLOYEE RELATIONS, CITY HALL, ROOM 706, ATTENTION: FARANDA WRAGG.